Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Texas	
State	
(An Eligible Telecommunications Carrier (ETC) m provides Lifeline service).	tust provide a certification form for each state in which it
111.9076	Mid-Tex Cellular
Study Area Code(s) (SAC)	ETC Name(s)
• • • • • • • • • • • • • • • • • • • •	
	DBA, Marketing or Other Branding Name(s)
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
A.C.C. L. I. D.T.C. (C. J.	
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	449018,449043,449046
and distributed by recessory)	
Section 1: All ETCs (Initial the certification the certifications may apply).	at applies to your ETC. Depending on the state, both
carrygramatic trop (pp. 17).	
	fication procedures in place to review income and program-based
	stomer in the Lifeline program, and that, to the best of my cumentation of each consumer's household income and/or
	ollment in Lifeline. I am an officer of the company named above.
I am authorized to make this certification for the	e Study Area(s) listed above. Initial 440
449026	
(List the specific SAC(s) for which you are maki areas within the state. Attach additional sheets	ing this certification if it is not applicable to all of your study if necessary).
AND/OR	
prior to enrolling a customer in the Lifeline prog ETC access to a state database and/or notice of which qualifying programs (e.g., SNAP, SSI) the	consumer eligibility by relying on Solix W. Texas Uda gram. (Please list the program eligibility data sources, such as eligibility from the state Lifeline administrator and indicate for use sources are used to verify consumer eligibility). I am an orized to make this certification for the Study Area(s) listed
449026	
(List the specific SAC(s) for which you are making	ng this certification if it is not applicable to all of your study

areas within the state. Attach additional sheets if necessary).

<u>Section 2</u>: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial (1)

	7
1	Number of
-	Lines
	Claimed on
	May FCC
٠,	Form(s) 497
-1	Provided to
ľ	Wireline
1	Reseliers
+	77.
-	Re

Contacted Directly to Responding to ETC Contact Subscribers Responding That They Are No Longer Eligible Attestation Responding That They Are No Longer Eligible Responding That They Are No Longer Eligible Responding That They Are No Longer Eligible Responding That They Are No Responding They Are No Responding The	C	D	E=C-D	F	G = (E+F)	Н
Ineligibility	Subscribers ETC Contacted Directly to Recertify Eligibility Through	Subscribers Responding to	Responding	Subscribers Responding That They Are No	Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non-	Subscribers Who De-Enrolled Prior to Recertification

I	J	K	L.
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Incligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
490	301	301	

OR	
	al Low Income support for any Lifeline customers prior to June
(List the specific SAC(s) for which you are mal areas within the state. Attach additional sheet.	king this certification if it is not applicable to all of your study is if necessary).
Section 3: All ETCs (Initial the certification b	pelow).
	impliance with all federal Lifeline certification procedures. I am an inhorized to make this certification for the Study Area(s) listed
	Pre-Paid ETCs (the ETC does not assess or collect a monthly fee er of subscribers de-enrolled for non-usage by month in column N
M	N
Month	Subscribers De-Enrolled for Non-Usage
1,20	Subscribers Desirated for I ton-Bage.
January	Subscribers Designationed for Itom Usage.
January February	Substitution De Emitter for it ton-Usage.
January February March	Substitution De Landitution (101 (101 - Usage.
January February March April	Substitution De La Trivia Congr.
January February March April May	
January February March April May June	
January February March April May June July	
January February March April May June July August	
January February March April May June July August September	
January February March April May June July August September October	
January February March April May June July August September October November	
January February March April May June July August September October	
January February March April May June July August September October November	Amunda Agas
January February March April May June July August September October November December	Amunda Acas Printed Name of Officer
January February March April May June July August September October November December Signed, Signature of Officer	Amnda Avas Printed Name of Officer
January February March April May June July August September October November December Signed, Signature of Officer	Amunda Aras Printed Name of Officer 1/14/1/3
January February March April May June July August September October November December Signed, Signature of Officer Entitle of Officer	Amunda Aras Printed Name of Officer 1/4/k3 Date
January February March April May June July August September October November December Signed, Signature of Officer	Amunda Aras Printed Name of Officer 1/14/1/3

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service). TX LSA 15B2 UP ETC. Name(s) 4490460 Study Area Code(s) (SAC) DBA, Marketing or Other Branding Name(s) West Central Holding Company Name(s)

Affiliated ETCs (include names and SACs, 449018,449043,449026 attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial Affective Initial Affective Initial Affective Initial Affective Initial Affective Initial Initi

MIGNILLO

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on Solix Mc, Texas Lida prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial 💯

4490410

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
	D-

С	D	E=C-D	.F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or Incligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
			-		

ľ	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
\ <i>3</i> %	77	77.	

FCC	Form	55	5
Nove	mber	20	12

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to Jun	e
(insert current year). I am an officer of the company named above. I am authorized to make this certificati	on for
the Study Area(s) listed above. Initial	

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

<u>Section 4</u>: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Amanda Preaso
Printed Name of Officer
1)4/13
Date
375-944-9010
Contact Phone Number

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

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Texas	
An Fligible Telegoromanications Coming FTC) must provide a certification form for each state in which it
provides Lifeline service).	i must provide a certification form for each state in which it
449018	ATPHOR L.D
Study Area Code(s) (SAC)	ETC Name(s)
Study Area Code(s) (SAC)	BIC Name(s)
	West Central Wineless aba light Wheless
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Lect , I may (i 1)	
Affiliated ETCs (include names and SACs,	MI anto AUgrello Ellego
attach additional sheets if necessary)	449043, 449046, 3449026
certifications may apply). I certify that the company listed above has ce eligibility documentation prior to enrolling a knowledge, the company was presented with	rtification procedures in place to review income and program-based customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above. the Study Area(s) listed above. Initial
449018	
	aking this certification if it is not applicable to all of your study ets if necessary).
AND/OR	
prior to enrolling a customer in the Lifeline pr ETC access to a state database and/or notice which qualifying programs (e.g., SNAP, SSI)	ms consumer eligibility by relying on SOUX ML, State of 7x LID rogram. (Please list the program eligibility data sources, such as of eligibility from the state Lifeline administrator and indicate for these sources are used to verify consumer eligibility). I am an anthorized to make this certification for the Study Area(s) listed

449018

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

Å	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
	-0

Number of Number of Number of Number of Number of Number of	С	D	E = C-D	F	G = (E+F)	H
Contacted Directly Responding to Subscribers Responding That Enrolled or De-Enrolled Pr	Subscribers ETC Contacted Directly to Recertify Eligibility Through	Subscribers Responding to ETC Contact	Responding	Subscribers Responding That They Are No	Subscribers De- Eurolled or Scheduled to be De-Eurolled as a Result of Non- Response or	Subscribers Who De-Enrolled Prior to Recertification

i	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Incligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Incligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
1342.	777	777	

FCC	Form	555	5
Nove	mber	201	2

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June
(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers) (Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N Subscribers De-Enrolled for Non-Usage	
Month		
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

signed, Manda Proso	Amanda Preas
Signature of Officer	Printed Name of Officer
BILLING Superusov Title of Officer	1/4/13
	Date '
Amanda Rueus	325-944-9016
Person Completing this Certification Form	Contact Phone Number

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Dec	adline: January 31"(Annually)
Texas	
State	
(An Eligible Telecommunications Carrier (ET	C) must provide a certification form for each state in which it
provides Lifeline service).	A 3 4 4 4 5 A
4490d3	CALC'SH #2 LP ETC Name(s)
Study Area Code(s) (SAC)	ETC Name(s)
	West Gentral Wineless also Right when
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	449018, 449046, & 449026
	en e
certifications may apply). I certify that the company listed above has eligibility documentation prior to enrolling knowledge, the company was presented with	certification procedures in place to review income and program-based a customer in the Lifeline program, and that, to the best of my th documentation of each consumer's household income and/or reprollment in Lifeline. I am an officer of the company named above.

44 4043

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on Solix inc., Texas Lida prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial (146)

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
	49

C	D	E=C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Ĭ	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
420	283	283	

FCC Form	555
November	2012

OR

	ow Income support for any Lifeline customers prior to Juneany named above. I am authorized to make this certification for
	A
areas within the state. Attach additional sheets if	this certification if it is not applicable to all of your study necessary).
Section 3: All ETCs (Initial the certification below	w).
	iance with all federal Lifeline certification procedures. I am an ized to make this certification for the Study Area(s) listed
	Paid ETCs (the ETC does not assess or collect a monthly fee of subscribers de-enrolled for non-usage by month in column N
М	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Signed, Signature of Officer	Amanda Awas Printed Name of Officer
Billing Superusor	<u> </u>
Title of Officer	Date
Allanda heas	325-944-9016
Person Completing this Certification Form	Contact Phone Number